

DWI/SA Assessment Interview

Date: _____ Date of Birth: _____ Age: _____

Referral Source: _____

Presenting Problem/Clinical Impression: _____

Marital Status: () Married () Never Married () Divorced () Separated () Widowed

Current support network: _____

Number of Children: Ages _____ Education level: _____

Where raised? _____ By: _____

Siblings? _____ How would you describe childhood? _____

Type of work you do: _____

Employer _____; Time on Job: _____

Favorite leisure activities: _____

How's your current health? _____

Medications: _____

Have you ever been arrested for DWI? _____. If yes, see below.

Year	BAC	County/State	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any Current legal charges besides your DWI? _____ If yes, Describe:

Have you ever been arrested for any other legal charges related to alcohol or drugs: _____?

Describe: _____

Past non-alcohol or drug legal charges & history: _____

Comments: _____

Substance Abuse History:

Client perceives substance use ____ is not a problem; ____ is a problem; ____ problem in past.

Substance	Never	Age of 1 st use	Route: 1 oral 2 smoking 3 inhale 4 inject	Frequency of Use (per week, month, etc.)	Avg. amount of use (#beers, drinks, hits, etc.)	Maximum Used at one time	Last use
Marijuana/ hash							
Alcohol (beer, wine, liquor)							
Inhalants (gas, glue, Rush)							
Stimulants (speed, crystal meth, uppers, crank.							
Cocaine (powder; crack)							
Depressants (tranqs. Benzos)							
Hallucinogens (ex: LSD, Peyote, mushrooms, PCP, Ecstasy, ketamine)							
Narcotics (ex: heroin, oxycontin, Vicodin, morphine)							
Tobacco (cigarettes, smokeless tobacco)							
Others (Which ones)							

Substance abuse symptoms (check all that apply)

Behavioral: ____ morning use, ____ changed or gave up activities, ____ lack of motivation, ____ lack of goals, ____ changed friends, ____ school problems, ____ personality change, ____ unable to pay bills, ____ neglected responsibilities, ____ other: _____

Consequences: ____ family/relationship problems/concerns, ____ loss of friends, ____ school suspensions, ____ legal problems, (____ DWI, ____ assault, ____ possession, ____ dealing, ____ paraphernalia, ____ breaking & entering, ____ larceny) ____ loss of job/ job problems/suspensions, ____ lost child to DSS, other consequences/comments: _____

Physical Symptoms: ____ memory impairment, ____ tremors, ____ blackouts, ____ hallucinations, ____ seizures, ____ overdose, ____ increased tolerance, ____ goes days without eating, ____ evidence of denial/resistance, ____ withdrawal symptoms (describe: _____

What is the longest period of time that you have gone without drinking alcohol or using drugs? _____
When did this occur? _____ Why did you abstain? _____

Have you ever been admitted to a substance abuse program? _____

Where/Outcome? _____

Do you, or have you ever attended AA/NA or other alcohol/drug self-help program regularly?

____ Yes, ____ no. *Comments* _____

Have you ever been required to attend ADETS or alcohol or drug education classes? _____

Why? _____ When? _____ Completed? _____. If no, why not?

Recovery Supports: If not currently using substances, what is being done to support abstinence:

Is there a history of alcohol or drug problems in your family? _____

If yes, who? _____

Comments – Substance Use: _____

Psychiatric History

Have you ever received any treatment, counseling or medication for a mental health issue or emotional problem? If yes, describe? _____

Any emotional or mental health issues for which you are presently being treated?

Have you recently had periods of severe depression or anxiety? _____ If yes, explain _____

Have you ever thought about hurting yourself or taking your own life _____ or someone else's life _____?

If yes, did you have any plans to carry this out? _____ Describe:

Current Medications: _____

Relevant Past Meds: _____

Family History of mental illness/treatment: _____

Have you ever been involved with Child Protective Services or DSS? _____

If yes, explain: _____

Mental Status (Circle all that apply)

Orientation: Person, Place, Time, Situation

Facial expression: Animated, fixed, bland, angry, tearful.

Eye contact: good, fair, poor.

Gait: Steady, wide based, staggering, other _____.

Attitude toward counselor: Friendly, guarded, cooperative, uncooperative, hostile, indifferent, frightened, suspicions, inappropriate, flirting, other _____.

Affect quality: Appropriate, flat, depressed, elated, euphoric, irritable, anxious, angry, labile, other: _____.

Affect range: Normal, exaggerated, restricted, other _____.

Affect appropriate to subject matter: () Yes () No _____.

Speech quality: Unremarkable, loud, soft, fast, slow, slurred, pressured, halting, histrionic, speech defected, other _____.

Organization of Thought: coherent, goal-directed, vague, concrete, circumstantial, tangential, disorganized, blocking, loose associations, flight of ideas, over abstraction, paucity, preservation, other _____.

Thought content: unremarkable, depressed, suicidal, homicidal, hallucinations, delusions, somatic, preoccupations, ruminations, self-deprecating, denial, externalize blame, other _____.

Summary/Comments: _____

ASAM DIMENSIONS:

SEVERITY OF ILLNESS

<u>DIMENSION I:</u>		<u>LOW</u>		<u>MEDIUM</u>		<u>HIGH</u>	
ACUTE INTOXICATION/WITHDRAWAL POTENTIAL							
<u>DIMENSION II:</u>		<u>LOW</u>		<u>MEDIUM</u>		<u>HIGH</u>	
BIOMEDICAL CONDITIONS AND COMPLICATIONS							
<u>DIMENSION III:</u>		<u>LOW</u>		<u>MEDIUM</u>		<u>HIGH</u>	
EMOTIONAL/BEHAVIORAL OR COGNITIVE CONDITIONS AND COMPLICATIONS							
<u>DIMENSION IV:</u>		<u>LOW</u>		<u>MEDIUM</u>		<u>HIGH</u>	
READINESS TO CHANGE							
<u>DIMENSION V:</u>		<u>LOW</u>		<u>MEDIUM</u>		<u>HIGH</u>	
RELAPSE/CONTINUED USE POTENTIAL							
<u>DIMENSION VI:</u>		<u>LOW</u>		<u>MEDIUM</u>		<u>HIGH</u>	
RECOVERY ENVIRONMENT							

Recommended level of care:

_____ ADETS _____ Long Term _____ hours
_____ Short-term _____ hours _____ Inpatient/Residential
_____ IOP/90 hour _____ Other/Special _____

Diagnosis:

#1 _____ DSM IV Code: _____

#1 _____ DSM IV Code: _____

#2 _____ DSM IV Code: _____

#3 _____

#4 _____

#5 (GAF) _____ ASAM Level Recommendation: _____

Certified Counselor: _____ Date _____